



# BETTERMENT APPLICATION

I hereby request that a proposal be provided to me for the cost of installing a sidewalk, driveway apron and/or curb to better the property I own at:

\_\_\_\_\_  
(Property Address)

\_\_\_\_\_  
(If a corner lot please specify which street frontage)

(Please check the appropriate box(es) below, indicating the type of work requested)

## ASPHALT

Sidewalk ☐  
Driveway Apron ☐

## CEMENT CONCRETE

Sidewalk ☐  
Driveway Apron ☐

## CURB

Granite Curb (w/corners when req'd) ☐  
Curb Removal for Drive opening ☐

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Tel. No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please read the reverse side of this form before signing)

(FOR OFFICIAL USE ONLY)

SEC	<input type="checkbox"/>	BLK	<input type="checkbox"/>	LOT	<input type="checkbox"/>
BK	<input type="checkbox"/>	PG	<input type="checkbox"/>		

## COST PROPOSAL

ITEMIZED COSTS (Note: Applied values are property owner's 50% share of the total cost)

Property owner's share of the total cost is:

Please read carefully the terms and conditions of this proposal found on the reverse side of this form. If you decide to have the work done you must select your payment plan option below. Please note that all cost proposals of less than \$500.00 must be pre-paid under option A.

### A) PRE-PAYMENT

Return this form to the Department of Public Works, together with a check in the full amount of the proposal made payable to the City of Newton. (Retain copy #2 for your files).

Enclosed is a check in the amount of \_\_\_\_\_,  
in full payment of the cost proposal specified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### B) BETTERMENT ASSESSMENT SUBJECT TO APPROVAL BY THE BOARD OF ALDERMEN

The undersigned property owner petitions that a betterment in the amount of \_\_\_\_\_ be assessed against the property for the installation of curb and/or sidewalk under M.G.L. c. 83, S26.

The above betterment assessment shall bear interest at the statutory rate per annum. (M.G.L. c.80, S13.)

(Retain copy #2 for your files).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Name of the property owner must be exactly as it appears on the Assessors records)

Return this form to: Department of Public Works, 1000 Commonwealth Avenue, Newton Centre, MA.02459

(DPW OFFICE COPY)